



Town of Hilton Head Island
One Town Center Court
Hilton Head Island, SC 29928
Phone: 843-341-4610 Fax: 843-341-4637
www.hiltonheadislandsc.gov

HOSPITALITY TAX NUMBER: _____

Hospitality Tax Payment Form

D/B/A OR TRADE NAME: _____
ATTENTION: _____
MAILING ADDRESS: _____

PHONE NUMBER: _____

FILING STATUS: ____ MONTHLY ____ QUARTERLY PAYMENT FOR PERIOD (MONTH/QUARTER): _____

IS THE BUSINESS SOLD? yes ____ no ____

NEW OWNER NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE NUMBER: _____

HOSPITALITY TAX

1. Gross Proceeds: Food and Beverages

2. Hospitality Tax **Line 1 x 2% (.02)** ►

3. Penalty 5% per month **Line 2 x 5% (.05)** ►

4. Total Hospitality Tax Due (Add lines 2 and 3)

Report in Whole Dollars

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IMPORTANT ► Enclose payment with report. Please do not staple.
This return becomes **DELINQUENT** if it is postmarked after the 20th day following the end of the period.

▼ FOR OFFICE USE ONLY ▼	
Postmark	_____
CK#	_____
Hospitality Tax	_____
Credit	_____
Penalty	_____
Amt. Received	_____
TOTAL Credit/Bal	_____

I hereby certify that the information contained on this report is true and accurate to the best of my knowledge and belief.

Name: _____

Signature: _____

***Make additional copies as needed**